Effective October 1, 2003 10812557												57	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
T	OTAL CLAIMS		47				1	RATE	FEE	<b>7</b>	RATE	FEE	
F	28	<del> </del>	NUMBER FRED		NUMBER EXTRA			BASIC F	+	ОЯ			
		ABLE CLAIMS				. 37			-	1		1.06	
H			/minus 20=		•			XS 9=	-	-IOR	X\$18=	4.80	
	DEPENDENT C		minus 3 =					X43=		OR	X85=		
		NOENT CLAIM F				•	+145=		OÀ	+290=			
* If the difference in column 1 is less than zero, enter *0" in column 2								TOTAL		OR	TOTAL	1756	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	<del>,</del>	(Column 1)		(Calumn 2) (Calumn 3)			SMALL	ENTITY	OR T	SMALL	ENTITY		
AMENDMENT A	3/16/05	REMAINING AFTER . AMENDMENT	1	PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 47	Minus	- 4	17	. ~		X\$ 9=		OR	X\$18=	/	
	Independent			3	ء (		X43=		OR	X86=	1200		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						, i	+145=		OR	+290=		
<i>t</i>	<i>'</i> ) .		•	•			L	TOTAL		4	TOTAL	/4m 3	
	•	(Cal		10-1			F	ODIT. FEE	<u></u>	JOR	ADDIT. FEE	v.ju	
AMENDMENT B		(Column 1) CLAIMS	<del></del>	(Colum	ST	(Column 3)	ľ		ADDI-	3 1		ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
	Total '	. 47	Minus	- 4	17	- /	$\prod$	X\$ 9=		OR	X\$18=		
	Independent	9	Minus	(	2_	•/		X43≈ ·	1 /	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	7.	
·								TOTAL DOTT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colum	u.5)	(Column 3)			, .				
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOL PAID FI	er Jsly	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
5	Total	•	Minus	••		2	F	X\$ 9=			X\$18=	FEE	
	Independent	•	Minus	***			F			OR			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								X43=		OR	X86=		
			•			•	1	+145=		OR	+290=	• ,	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE										OR .	TOTAL DOIT, FEE		
_	the Mighest Nur	nber Previously Pai ber Previously Paid	d for in the	S SPACE is 1	ees than	3 enter "3" .			propriete bos				

Application or Docket Number